



# Emerging Challenges In Primary Care: 2017

## Activity Evaluation Summary

**CME Activity:** Emerging Challenges in Primary Care: 2017  
Saturday, June 17, 2017  
Hilton Cleveland Downtown  
Cleveland, OH

**Course Director:** Gregg Sherman, MD

**Date of Evaluation Summary:** June 17, 2017



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In June 2017, the National Association for Continuing Education (NACE) sponsored a CME program, *Emerging Challenges in Primary Care: 2017*, in Cleveland, OH.

This educational activity was designed to provide primary care physicians, nurse practitioners, physician assistants and other primary care providers the opportunity to learn about varied conditions such as Diabetes, Hyperlipidemia and Idiopathic Pulmonary Fibrosis.

In planning this CME activity, the NACE performed a needs assessment. A literature search was conducted, national guidelines were reviewed, survey data was analyzed, and experts in each therapeutic area were consulted to determine gaps in practitioner knowledge, competence or performance.

One hundred twenty six healthcare practitioners registered to attend *Emerging Challenges in Primary Care: 2017* in Cleveland, OH. Sixty six healthcare practitioners actually attended this conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. Sixty five completed forms were received. The data collected is displayed in this report.

#### CME ACCREDITATION

The Association of Black Cardiologists, Inc. is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Association of Black Cardiologists, Inc. designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The National Association for Continuing Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The National Association for Continuing Education designates this live activity for a maximum of 5.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 6 contact hours of continuing education (which includes 1.75 pharmacology hours).

# Integrated Item Analysis Report

## What is your professional degree?

Response	Frequency	Percent	Mean: 2.32
MD	29	43.94	
DO	4	6.06	
NP	21	31.82	
PA	6	9.09	
RN	3	4.55	
Other	2	3.03	
<b>No Response</b>	1	1.52	

## What is your specialty?

Response	Frequency	Percent	Mean: -
Primary Care	48	72.73	
Endocrinology	1	1.52	
Rheumatology	1	1.52	
Pulmonology	0	0.00	
Cardiology	3	4.55	
Gastroenterolog	2	3.03	
y			
ER	2	3.03	
Hospitalist	3	4.55	
Psychiatry/Neur	2	3.03	
ology			
Other	22	33.33	
<b>No Response</b>	1	1.52	

## Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: Diabetes:

Response	Frequency	Percent	Mean: 4.25
None	3	4.55	
1-5	7	10.61	
6-10	18	27.27	
11-15	9	13.64	
16-20	9	13.64	
21-25	6	9.09	
> 25	12	18.18	
<b>No Response</b>	2	3.03	

## Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: Hyperlipidemia:

Response	Frequency	Percent	Mean: 5.02
None	2	3.03	
1-5	5	7.58	
6-10	5	7.58	
11-15	11	16.67	
16-20	11	16.67	
21-25	15	22.73	
> 25	15	22.73	
<b>No Response</b>	2	3.03	

## Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: Patients at risk for, or with, IPF:

Response	Frequency	Percent	Mean: 2.16
None	17	25.76	
0-1	27	40.91	
2-5	10	15.15	
6-10	7	10.61	
11-15	1	1.52	
16-20	0	0.00	
> 20	0	0.00	
<b>No Response</b>	4	6.06	

Upon completion of this activity, I can now: Describe the role of the kidney in glucose metabolism in health and disease; Review the physiologic effects and clinical efficacy of SGLT-2 therapy in various patient populations; Review emerging data on possible renal and macrovascular effects of evidence-based diabetes treatment options; Integrate the impact of treatment decisions on postprandial hyperglycemia and risk of hypoglycemia.

Response	Frequency	Percent	Mean: 1.09
Yes	59	89.39	
Somewhat	6	9.09	
Not at all	0	0.00	
<b>No Response</b>	1	1.52	

Upon completion of this activity, I can now: Understand ways to integrate lifestyle management into diabetes care; Discuss strategies to help patients improve dietary management of their diabetes; Recognize how to improve medication adherence for patients at various stages of diabetes.

Response	Frequency	Percent	Mean: 1.08
Yes	61	92.42	
Somewhat	5	7.58	
Not at all	0	0.00	

Upon completion of this activity, I can now: To review preventive strategies (traditional and non-traditional) for the prevention of heart disease; Review common preventive strategies against heart disease, cancer and dementia; Discuss controversies and complexities in prevention.

Response	Frequency	Percent	Mean: 1.05
Yes	60	90.91	
Somewhat	3	4.55	
Not at all	0	0.00	
No Response	3	4.55	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.12
Strongly Agree	61	92.42	
Agree	4	6.06	
Neutral	0	0.00	
Disagree	0	0.00	
Strongly Disagree	1	1.52	

As a result of this activity, I have learned new and useful strategies for patient care:

Response	Frequency	Percent	Mean: 1.20
Strongly Agree	57	86.36	
Agree	7	10.61	
Neutral	1	1.52	
Disagree	0	0.00	
Strongly Disagree	1	1.52	

Upon completion of this activity, I can now: List 2017 Quality Measures for the use of statin therapy for the prevention and treatment of cardiovascular disease; Explain the role of anti-PCSK9 monoclonal antibody therapy in LDL-C reduction to achieve cardiovascular risk reduction; Discuss ACC guidelines on the role of non-statin therapies in the management of atherosclerotic cardiovascular disease; Employ guideline-directed treatment strategies for primary and secondary prevention of cardiovascular disease in high-risk patient populations.

Response	Frequency	Percent	Mean: 1.09
Yes	60	90.91	
Somewhat	6	9.09	
Not at all	0	0.00	

Upon completion of this activity, I can now: Describe the typical clinical presentation of a patient with possible idiopathic pulmonary fibrosis (IPF); Discuss the diagnostic approach to a patient with suspected IPF; Discuss and contrast the available pharmacotherapeutic options for patients with IPF; Discuss and contrast the available non-pharmacotherapeutic options for patients with IPF.

Response	Frequency	Percent	Mean: 1.11
Yes	48	72.73	
Somewhat	6	9.09	
Not at all	0	0.00	
No Response	12	18.18	

Overall, this activity was effective in improving my knowledge in the content areas presented:

Response	Frequency	Percent	Mean: 1.14
Strongly Agree	58	87.88	
Agree	7	10.61	
Neutral	1	1.52	
Disagree	0	0.00	
Strongly Disagree	0	0.00	

How likely are you to implement these new strategies in your practice?

Response	Frequency	Percent	Mean: 1.44
Very likely	47	71.21	
Somewhat likely	14	21.21	
Unlikely	0	0.00	
Not applicable	5	7.58	

**As a result of this activity, I have learned new strategies for patient care. List these strategies:**

<b>Response</b>
Asses/treat more
Improved knowledge in patient care
Work up for IPF. Treat GERD in pulmonary workup (IPF, etc). Counseling regarding diet for hear disease prevention
Look at HDL-C and see what dose patient is on and response. Try to get treads for glucose, tell patient to use middle finger. Get patients to move to better therapies
None
New treatment strategies for DLD and updated guidelines
Early detection and early implementation, treatment of HLD, DM, heart disease
Implement new knowledge in patient care immediately
Education of diabetes (newly diagnosed) in terms of exercise, outcomes
Dietary, pharmacological changes, lifestyle modifications
More aware of SGLT2 inhibitors
Increase use of SGLT's; Improved approach to newly diagnosed diabetes patients. Greater knowledge of statin strategy. Will get Aspiere App
Using tip of middle finger to check blood sugar. Make treatment for patient more manageable. Let them know you have their back
Use App for aspirin dosing
Diet, lifestyle modifications, medical management and prevention of heart disease and diabetes. Diagnosis & treatment of IPF
To use the middle finger – stick patient in the middle of that finger – other hand. I'll take an aspirin daily. I will say "A patient with diabetes" – and stop calling them diabetics
Advise exercise in DM II. Use statins and other lipid meds more
Add empagliflozin to meds used for DM 2; add ezitimibeto/Rx list, assess benefits of asa treatment or not. Decrease alcohol. Look for IPF
Use of GLP-1 and SGLT-2 therapies, statin therapy
Diagnostic approach
Use of SGLT-2 inhibitor in appropriate patients
Speak with patients about goals. Start early on medications
Review of diabetes, appropriate use if SGLT-2; Back off overwhelming patients. Improved understanding of lipids and treatment modality
Early start SGLT2
Choice of drugs in diabetes and hyperlipidemia
Start using PCSK9 inhibitors. Do not use SGLT-2 inhibitors if there is history of fracture
Better educate my patients on lifestyle changes to improve DM. Cardiac complications
Side effects of newer deab. meds; lipid management pearls
Use of SGLT2 appropriately. Watch out for postural hypertension. Use of PCSK9 in lowering LDL-C and its receptors
Aggressive approach to use of statins, ezetimibe, evoloumab - treating diabetes with SGLT-2; recognition of pulmonary fibrosis by history and high resolution CT
Early diagnosis and treatment of DM through meds, diet, and exercise
Treating complicated ASCVD and lipids. Early recognition of IPF
Cardiovascular risk factor. Patient management and improve compliance
I have learned diagnostic guidelines for IPF and lung transplants - outcomes. I have learned updates for management for diabetes and lipid management
Review of meds of my clients and appropriate testing. Better patient educating of their disease states
Let the patient know you "have their back". Identify patient fears - address them. Step-wise lifestyle change

**When do you intend to implement these new strategies into your practice?**

Response	Frequency	Percent	Mean: 1.59
Within 1 month	43	65.15	
1-3 months	15	22.73	
4-6 months	0	0.00	
Not applicable	8	12.12	
<b>No Response</b>	0	0.00	

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jeff Unger, MD, ABFM, FACE - Diabetes - Diet and Lifestyle:**

Response	Frequency	Percent	Mean: 4.86
Excellent	59	89.39	
Very Good	4	6.06	
Good	1	1.52	
Fair	1	1.52	
Unsatisfactory	0	0.00	
<b>No Response</b>	1	1.52	

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Karol E. Watson, MD, PhD - Preventive Strategies:**

Response	Frequency	Percent	Mean: 4.84
Excellent	55	83.33	
Very Good	7	10.61	
Good	0	0.00	
Fair	1	1.52	
Unsatisfactory	0	0.00	
<b>No Response</b>	3	4.55	

**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Jeff Unger, MD, ABFM, FACE - Diabetes and Vascular Disease:**

Response	Frequency	Percent	Mean: 4.84
Excellent	57	86.36	
Very Good	6	9.09	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	1	1.52	
<b>No Response</b>	2	3.03	

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jeff Unger, MD, ABFM, FACE - Diabetes and Vascular Disease:**

Response	Frequency	Percent	Mean: 4.88
Excellent	58	87.88	
Very Good	5	7.58	
Good	0	0.00	
Fair	1	1.52	
Unsatisfactory	0	0.00	
<b>No Response</b>	2	3.03	

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Karol E. Watson, MD, PhD - Lipid Management:**

Response	Frequency	Percent	Mean: 4.90
Excellent	56	84.85	
Very Good	4	6.06	
Good	1	1.52	
Fair	0	0.00	
Unsatisfactory	0	0.00	
<b>No Response</b>	5	7.58	

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Kevin Flaherty, MD, MS - Idiopathic Pulmonary Fibrosis:**

Response	Frequency	Percent	Mean: 4.87
Excellent	47	71.21	
Very Good	7	10.61	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
<b>No Response</b>	12	18.18	

**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Jeff Unger, MD, ABFM, FACE - Diabetes - Diet and Lifestyle:**

Response	Frequency	Percent	Mean: 4.91
Excellent	60	90.91	
Very Good	3	4.55	
Good	0	0.00	
Fair	1	1.52	
Unsatisfactory	0	0.00	
<b>No Response</b>	2	3.03	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Karol E. Watson, MD, PhD - Lipid Management:

Response	Frequency	Percent	Mean: 4.89
Excellent	59	89.39	
Very Good	4	6.06	
Good	0	0.00	
Fair	1	1.52	
Unsatisfactory	0	0.00	
No Response	2	3.03	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Kevin Flaherty, MD, MS - Idiopathic Pulmonary Fibrosis:

Response	Frequency	Percent	Mean: 4.93
Excellent	51	77.27	
Very Good	4	6.06	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	11	16.67	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.48
Strongly agree	39	59.09	
Agree	21	31.82	
Neutral	5	7.58	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	1	1.52	

What topics would you like to see offered as CME activities in the future?

Response
Diabetes, GI Problems
HIV, Hep C
Loved Dr. Flaherty's presentation and "walk through" of getting the diagnosis. Great work! More diagnostic training like this (clear explanations) please!
What maneuvers to use that Medicare from AETNA, in Ohio and 7 other states, will be gone tomorrow
Primary prevention
Opioid abuse and alternate therapies/treatment. Infection trends and treatment
Primary care updates
CAD stents DAD/PVD valvular disease
Prostate, bladder, Dermatology, Crohn's/UC
Heart and kidney disease. Osteoporosis
Depression. Fibromyalgia

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Karol E. Watson, MD, PhD - Preventive Strategies:

Response	Frequency	Percent	Mean: 4.87
Excellent	56	84.85	
Very Good	5	7.58	
Good	0	0.00	
Fair	1	1.52	
Unsatisfactory	0	0.00	
No Response	4	6.06	

Which statement(s) best reflects your reasons for participating in this activity:

Response	Frequency	Percent	Mean: -
Topics covered	53	80.30	
Location/ease of access	44	66.67	
Faculty	12	18.18	
Earn CME credits	50	75.76	
No Response	1	1.52	



**What topics would you like to see offered as CME activities in the future?**

<b>Response</b>
Women health topics, endocrine diseases
I enjoy all types of education
COPD, Rheumatology, Breast cancer
Kidney, Genetic testing
1) Lab interpretation and pharm intervention 2) pain management
Any gerontological topics
Patient treatment, osteoarthritis
Psychological complications and long-term data on gastric bypass patients, benefits of fish oil/Omega 3's/DHA, EPA, good vs bad fish oil
OB/GYN - STD's, Hepatitis, Fatty liver
ER medicine. Internal medicine, GI medicine, Pulmonary medicine
Pulmonary hypertension. Osteoarthritis
Opioid management
Extensive research presentation on HTN and comorbidities (including things like the effects of LEAD). Vascular issues, poor air circulation. Cancer research - new developments, treatment, medication, technology
Introduction to medical marijuana guidelines, evaluating and treating generalized anxiety disorder
Any subject
Irritable bowel disease, lymphomas
Dermatology, women's health care
Nephrology - as primary providers how far should we go? What do we need to be aware of with regard to meds, GFR. When should we refer to Nephrology
Sudden Cardiac Death
Psychiatry. Mood disorders in primary care. Sleep disorders
STD, Prostate cancer, Breast cancer
Pain management, substance abuse
Endocrinology – hyper/hypothyroidism
Endocrine, Breast cancer
Hypertension. Obesity. Pharmacology. Anticoagulation meds. Sudden death. IBS. Celiac Disease. MI. CHF updates
Chronic AFib, COPD, Anemia
Diagnosis or Rx of melanoma and other skin cancers
Antimicrobial therapy
Recommendations/guidelines for treating elderly population who are living longer and require hip/knee replacements, kidney stone removal etc. EKG interpretation for the provider who is not a cardiologist
Neurological disorder, more diabetes
1) Thyroid management 2) Updates in opioid management primary care 3) Pharmacology safety in elderly population
Opioid epidemic. Eating disorders. Bariatric surgery and DM. Dementia

**Additional comments:**

<b>Response</b>
Glad I attended. Thank you.
Saturday format is good, but I am a hospitalist who just worked a 24 hour shift - other alternate days would be nice, too (Sunday afternoon, etc). Could not make it here for early lectures
This conference was poorly organized. The screen was not fully visible. The music was highly distracting. The first speaker made sexist comments. Many slides had so much information that the writing is too small. It would have been nice to have a non-sweet protein source, such as nuts, for breakfast and or snacks
Excellent presentation
Nice faculty, great presenters



**Additional comments:**

Response
Great topic and great speakers! Super conference!
Great conference
Prefer location in Columbus over Cleveland
Thank you for an excellent program!
Watson – did not mention Fibrate, other meds beyond statin, zetia, PCSK9
Thank you!
Very well put presentation
Thanks for the conference
Suggest checking hotels in Independence, OH (easier to get to, parking free, near freeways - I77 and I480), multiple restaurants close
Excellent
Excellent conference. Thank you!
Good presenters and forum. Thank you
Excellent logistics. Good size room/crowd. Very good sound system. Having internet access would be advantageous!
Excellent information. Thanks
Excellent conference! Dynamic speakers! Topics - quality. One wish - helpful to have access to outline. Blank out the answers and we can input during conference. I'm so glad I attended. I find patient cases very helpful
Enjoyed the lectures and presentation
1) Can lunch be made available inside the building and charge a reasonable price for it? Attendees can be surveyed if they opt to hear lunch inside during registration 2) Please raise the screen above the head of the tallest attendee so everyone can see all the information in the lower portion of the screen
I work in a specialty neuro practice, but patients have diabetes, lipid and this information helps me better help them with their side effects from newer meds, lifestyle management. We stress regular exercise, healthy diet, low stress, and importance of emotional well-being of the non med-lifestyle management
Hilton South (in Independence at Rt. 480 and 77) would be excellent as it is accessible east, west, equal distance and also audience from Akeon and south of Cleveland area. Nice conference rooms, ample parking and convenience to seriously consider
Conference was excellent
Well done! I learned more in these precise and well presented lectures than any I have attended in the past 2 years
Very informative and interesting!
Please come back soon. Will attend. Thank you
Thanks for a very informative well organized day. Some slides were reviewed a little too quickly